Case 16-27213-RG Doc 80 Filed 09/09/21 Entered 09/09/21 10:06:55 Desc Main Document Page 1 of 7

Fill in this information to identify your case:							
Debtor 1	Anthony C DiBen	edetto					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY					
Case number	16-27213						
(if known)							

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	essets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	205,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	32,203.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	237,203.00
Par	t2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	77,145.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	28,937.00
	Your total liabilities	\$	106,082.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,000.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,689.90
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	ı personal	, family, or

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Anthony C DiBenedetto

Case number (if known) 16-27213

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,625.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill	in this information to identify your c	ase:							
Del	btor 1 Anthony C I	DiBenedetto			_				
	btor 2 puse, if filing)				_				
Uni	ited States Bankruptcy Court for the	: DISTRICT OF NEW J	ERSEY						
Cas	se number 16-27213					Check if this is:			
(If kr	nown)		•			☐ An amende	d filing		
						A supplement 13 income a		ring postpetition following date:	
0	fficial Form 106l					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filing wi	ng jointly, and your the thick the t	spouse i de inforr	s liv nati	ing with you, incluence in the incluence	ude info ouse. If r	rmation about nore space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non	-filing spouse	
	If you have more than one job,	Francis manufacture	☐ Employed			☐ Emplo	☐ Employed		
	attach a separate page with information about additional employers.	Employment status	■ Not employed			☐ Not e	mployed		
		Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed the	here?						
Pai	rt 2: Give Details About Mo	nthly Income							
<b>Esti</b> spoi	imate monthly income as of the duse unless you are separated.  but or your non-filing spouse have muse space, attach a separate sheet to	ate you file this form. If you	,			oyers for that perso	n on the	lines below. If	J
						For Debtor 1		ebtor 2 or iling spouse	
2.	<b>List monthly gross wages, sala</b> deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lii	ne 2 + line 3.		4.	\$	0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Anthony C DiBenedetto		Case	number ( <i>if know</i>	vn)	16-27	213		
				For	Debtor 1		For	Debtor 2	2 or	ı
								filing s <sub>l</sub>	pouse	
	Cop	y line 4 here	4.	\$	0.0	00	\$		N/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	0.0	0	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.0	00	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.0	00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.0	0	\$		N/A	- -
	5e.	Insurance	5e.	· —	0.0		\$		N/A	_
	5f.	Domestic support obligations	5f.		0.0		\$		N/A	-
	5g.	Union dues	5g.		0.0		. \$		N/A	_
	5h.	Other deductions. Specify:	5h.	· —		00			N/A	=
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.0		\$		N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.0	00	\$		N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		0.0	_	\$		N/A	_
	8b. 8c.	Interest and dividends	8b.	. \$	0.0	0	\$		N/A	_
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income	8c. 8d. 8e.	\$ \$ \$	0.0 0.0 0.0 0.0	00	\$ \$ \$		N/A N/A N/A	-
	oy. 8h.	Other monthly income. Specify:	og. 8h.	·		<u>)U</u> )0 -			N/A N/A	_
	011.	other monthly moonie. openiy.		Ψ_	0.0		_		IN/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.0	00	\$		N/A	<b>A</b>
10	Colo	culate monthly income. Add line 7 + line 9.	10.	<b></b>	0.00 +	\$		NI/A	= \$	0.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ	0.00 +	<sup>Ψ</sup> –		N/A	- J <sup>Φ</sup> -	0.00
11.	State Inclu	e all other regular contributions to the expenses that you list in Schedul de contributions from an unmarried partner, members of your household, your friends or relatives.  Not include any amounts already included in lines 2-10 or amounts that are no	r depe	•	•		•	chedule 11.		2,000.00
12.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The resentation that the summary of Schedules and Statistical Summary of Certains	sult is ain Lial	the com bilities a	ibined month nd Related <i>I</i>	ily in Data,	come. , if it	12.	\$	2,000.00
13.	Do y	rou expect an increase or decrease within the year after you file this forr	n?						Combir monthly	ned y income
		No.								
		Yes. Explain: Debtor anticipates returning to part-time employer recovery period of recent surgery.	yment	t. Rece	eived a sin	gle	paym	ent of	\$1,000	during

Official Form 106l Schedule I: Your Income page 2

Fill	in this informat	tion to identify yo	our case:					
Deb	tor 1	Anthony C D	)iBenede	tto		Che	eck if this is:	
							An amended filing	
	otor 2 ouse, if filing)							wing postpetition chapter fthe following date:
1.1:4	Ott Dl		. DISTRI	CT OF NEW JEDSEV			MM / DD / XXXX	
Unit	ed States Bankr	uptcy Court for the	ואופוט:	CT OF NEW JERSEY			MM / DD / YYYY	
	e number 16 nown)	3-27213						
O	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	ises				12/1:
Be info	as complete a	and accurate as	possible.	If two married people ar ch another sheet to this				
Par		ibe Your House	hold					
1.	Is this a join							
	■ No. Go to		in a canar	ate household?				
	□ res. <b>Doe</b>		iii a sepai	ate nousenoid?				
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.	
0			_	. ,	,			
2.	-	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents							Yes
								□ No
								☐ Yes
								□ No □ Yes
					-		_	. □ res □ No
							<u> </u>	Yes
3.	expenses of	enses include f people other t d your depende	han $_{oldsymbol{\square}}$	No Yes				
Par	t 2: Estima	ate Your Ongoi	ng Monthi	y Expenses				
exp				uptcy filing date unless y y is filed. If this is a supp				
the	value of such	n assistance an		government assistance it sluded it on <i>Schedule I:</i> Y			Your exp	nenses
(01	ficial Form 10	01.)					100.00	
4.		r home owners d any rent for th		ses for your residence. In r lot.	nclude first mortgage	e 4.	\$	715.90
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	0.00
				ipkeep expenses		4c.	·	0.00
5.		owner's associat		dominium dues o <b>ur residence,</b> such as ho	me equity loans	4d. 5.	·	290.00
٥.	Additional	nortgage payiii	ente foi yo	our residence, such as 1101	nic equity idans	J.	Ψ	0.00

6. Utilities: 68. Electricity, heat, natural gas 68. Electricity, heat, natural gas 68. Electricity, heat, natural gas 68. S   15,00 68. Telephone, cell phone, Internet, satellite, and cable services 69. Telephone, cell phone, Internet, satellite, and cable services 60. Telephone, cell phone, Internet, satellite, and cable services 60. Telephone, cell phone, Internet, satellite, and cable services 60. Childcare and children's education costs 8. \$ 0.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 5.000 9. Personal care products and services 10. \$ 20.00 11. Medical and dental expenses 11. \$ 0.00 12. Transportation, include gas, maintenance, bus or train fare. 12. \$ 5.000 12. Transportation, include gas, maintenance, bus or train fare. 13. Transportation, include gas, maintenance, bus or train fare. 14. \$ 0.00 15. Insurance. 15. Insurance. 16. Chartistic contributions and religious donations 18. Services 19. Service	Deb	tor 1	Anthony C DiBenedetto	Case num	ber (if known)	16-27213
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. Telephone, cell phone, internet, satellite, and cable services 6c. \$ 134,00 6c. Telephone, cell phone, internet, satellite, and cable services 6c. \$ 300,00 7c. Food and housekeeping supplies 7c. \$ 300,00 7c. Food and housekeeping supplies 8c. Childcare and childron's education costs 8c. \$ 0.00 9c. Clothing, laundry, and dry cleaning 9c. School 200,00 9c. Clothing, laundry, and laundry, and laundry,	6.	Utilit	ies:			
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, linternet, statellite, and cable services 6c. \$ 134,00 6d. Other. Specify. 6d. \$ 0,00 6d. Other. Specify. 7				6a.	\$	50.00
6 d. Other. Specify:  Food and housekeeping supplies  7. \$ 300,00  8. Childcare and children's education costs  8. \$ 0,00  9. Clothing, laundry, and dry cleaning  9. \$ 50,000  Personal care products and services  10. \$ 20,000  11. Medical and ental expenses  11. \$ 0,000  12. Transportation, include gas, maintenance, bus or train fare.  Do not include care payments.  12. \$ 50,000  Do not include care payments.  13. \$ 0,000  14. Charitable contributions and religious donations  14. \$ 0,000  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15a. \$ 0,000  15b. Health insurance  15b. \$ 0,000  15c. Vehicle insurance.  15c. \$ 0,000  15d. Other insurance. Specify:  15d. Seportly:  17a. Care payments for Vehicle 1  17b. Care payments for Vehicle 1  17c. Care payments for Vehicle 1  17d. Care payments for Vehicle 1  17d. Care payments for Vehicle 1  17d. Concepting:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other payments on units of schedule I, Your Income (Official Form 108).  18 Your payments or Vehicle 2  19c. Specify:  10d. Real estate taxes  20d. Specify:  20d. Maintenance, repair, and upkeep expenses  20d. Specify:  21		6b.	Water, sewer, garbage collection	6b.	\$	15.00
Food and housekeeping supplies   7. \$   300.00		6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	134.00
8. Childcare and children's education costs   8. \$   5.000		6d.	Other. Specify:	6d.	\$	0.00
10. Clothing, laundry, and dry cleaning 11. Personal care products and services 11. S 20,00 12. Transportation. Include gas, maintenance, bus or train fare. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. S 50,00 14. Chartable contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. S 65,00 15d. Other insurance, specify: 15d. S 0,00 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15c. Vehicle insurance 15d. S 0,00 15c. Vehicle insurance 15d. S 0,00 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15g. Tray S 0,00 17b. Carp ayments for Vehicle 2 17b. S 0,00 17c. Other, Specify: 17d. Clarp ayments for Vehicle 2 17b. S 0,00 17d. Other Specify: 17d. Other payments of unique that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18 S 0,00 19 Other payments of unique that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 19 Other payments of unique that you make to support others who do not live with you. 19 Other payments of unique that you make to support others who do not live with you. 20a. Mortgages on other property 20b. Real estate taxes 20b. S 0,000 20c. Property, homeowner's, or renter's insurance 20c. S 0,000 20c. Property, homeowner's, or renter's insurance 20c. S 0,000 20c. Property, homeowner's, or renter's insurance 20c. S 0,000 20c. Property, homeowner's, or renter's insurance 21c. Calculate your monthly expenses for Debtor 2), if any, from Official Form 1061-2 21c. Calculate your monthly expenses from jour expenses within the year after your file this form? 21c. Calcul	7.	Food	and housekeeping supplies	7.	\$	300.00
0. Clothing, laundry, and dry cleaning 0. Personal care products and services 10. \$ 20.00 11. Medical and dental expenses 11. \$ 0.00 12. Transportation, include gas, maintenance, bus or train fare. Do not include car poyments. 12. \$ 50.00 13. Electraliments, (tubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Chartable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 158. Life insurance 159. \$ 0.00 159. Vehicle insurance 150. \$ 0.00 159. Vehicle insurance 150. \$ 0.00 159. Vehicle insurance 150. \$ 0.00 150. Vehicle insurance 150. \$ 0.00 150. Vehicle insurance 150. \$ 0.00 151. Installment or lease payments 170. \$ 0.00 171. Installment or lease payments 171. Car payments for Vehicle 2 172. \$ 0.00 173. Car payments for Vehicle 2 174. \$ 0.00 175. Car payments for Vehicle 2 176. \$ 0.00 176. Other. Specify: 176. \$ 0.00 177. Other. Specify: 177. Other. Specify: 178. \$ 0.00 179. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 180. \$ 0.00 190. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 190. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 190. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 190. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 190. Other payments of alimony, maintenance, and support that you did not report as deducted from your payments of alimony, maintenance, and support that you did not report as a support that you make to support that you as a su	8.			8.	\$	
10. Personal care products and services 11. S 0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. S 50.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. S 0.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance, specify:	9.	Cloth	ing, laundry, and dry cleaning	9.	\$	-
11.   Medical and dental expenses   11.   \$   0.00	10.			10.	\$	
12. Transportation, Include gas, maintenance, bus or train fare. Do not include car payments.  13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00  14. \$ 0.00  15. Insurance. Depot include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. \$ 0.00  15b. Health insurance 15c. \$ 0.00  15c. Vehicle insurance specify: 15c. \$ 0.00  15c. Vehicle insurance specify: 15c. \$ 0.00  15d. Other insurance. \$ 0.00  17d. Car payments for Vehicle 1  17a. Car payments for Vehicle 1  17a. Car payments for Vehicle 2  17b. \$ 0.00  17c. Other. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d. Other. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d.	11.	Medi	cal and dental expenses	11.	\$	
Do not include car payments.  12. \$ 50.00  13. \$ 0.00  14. Charitable contributions and religious donations  14. \$ 0.00  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. \$ 0.00  15b. Health insurance  15c. Vehicle insurance. Specify:  15c. Vehicle insurance. Specify:  15d. \$ 0.00  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15pecify:  16 \$ 0.00  17 Installment or lease payments:  17a. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Car payments for Vehicle 2  17d. S 0.00  17d. Other. Specify:  18. \$ 0.00  17d. Other specify:  19. Other payments for vehicle 2  17d. \$ 0.00  17d. Other. Specify:  19. Other payments for vehicle 2  17d. \$ 0.00  17d. \$ 0.00  17d. Other. Specify:  19. Other payments for vehicle 2  17d. \$ 0.00  17d. Other. Specify:  19. Other payments for vehicle 2  10 Insurance.  20 Insurance.  21 Insurance.  22 Insurance.  23 Insurance.  24 Insurance.  25 Insurance.  26 Insurance.  27 Insurance.  28 Insurance.  29	12.		·			
14. Charitable contributions and religious donations 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. S 0.00 15c. Vehicle insurance 15c. Vehicle insurance. Speeily: 15d. S 0.000 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. S 0.000 17c. Other. Specify: 17c. Other. Specify: 17d. Other speci				12.	\$	50.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance \$ 15b. \$ 0.00 15c. Vehicle insurance \$ 15c. \$ 65c.00 15d. Other insurance Specify: 15d. \$ 0.00 15d. Care payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 19d. \$ 0.00 17d. Other. Specify: 19d. \$ 0.00 17d. Other spayments or other property who do not like with you. \$ 0.00 17d. Other. Specify: 19d. \$ 0.00 17d. Other. Specify: 2d. \$ 0.00 17d. Specify:	13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. It lie insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15c. Vehicle insurance. Specify:  15d. S	14.	Char	itable contributions and religious donations	14.	\$	0.00
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 17e. Other. Specify: 17e. Other. Specify: 17e. Other. Specify: 17f. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other insurance. Insurance. Insurance (Official Form 106). 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 17e. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 18	15.	Insu	rance.		-	
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15c. Vehicle insurance						
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23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. \$ 2,000.00 23b. Copy your monthly expenses from line 22c above.  23b\$ 1,689.90  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 310.10  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.			,			1,000.00
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For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.			The result is your <i>monthly net income</i> .	200.	<u> </u>	3.00
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modification to the terms of your mortgage?  No.						ase or decrease because of a
☐ Yes. Explain here:		■ N	D.			
		□ Ye	es. Explain here:			

Fill in this info	ormation to identify your	case:			
Debtor 1	Anthony C DiBen	edetto			
5	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY			
	1 7 -				
Case number (if known)	16-27213				☐ Check if this is an amended filing
	rm 106Dec Ition About a	n Individual De	ebtor's Sched	ules	12/15
You must file the	his form whenever you fi	, both are equally responsible le bankruptcy schedules or an n connection with a bankruptc 519, and 3571.	nended schedules. Making	a false stateme	
Si	gn Below				
Did you p	pay or agree to pay some	one who is NOT an attorney to	help you fill out bankrupto	cy forms?	
■ No					
☐ Yes.	Name of person				ptcy Petition Preparer's Notice, nd Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the summary	and schedules filed with th	is declaration a	and
X /s/ Ar	nthony C DiBenedetto		X		
Anth	ony C DiBenedetto ture of Debtor 1		Signature of Debtor 2		

Date

Date September 8, 2021